



P. O. BOX LG 221, ACCRA, GHANA

Staple picture carefully here. Enclose a second picture endorsed by guarantor

BONABOTO EDUCATION ASSISTANCE FUND (BEAF) STUDENTS SUPPORT/LOAN APPLICATION FORM

1. APPLICANT'S DETAILS

- A. SURNAME :.....
- B. OTHER NAMES :.....
(First name first)
- C. SEX:
- D. DATE OF BIRTH:.....(DD/MM/YYYY)
- E. PLACE OF BIRTH:.....
- F. HOME TOWN:.....
- G. LOCAL FAMILY/HOUSE NAME:.....
.....*(Provide any available landmark)*
- H. DISTRICT:.....
- I. CONTACT/TEL. NUMBER:.....
- J. ADDRESS:
-
- K. APPLICANT'S LAST SCHOOL ATTENDED:.....
.....

L. APPLICANT'S SSNIT NUMBER:.....
(*Tertiary applicant*)

M. APPLICANT'S I.D.

i. I.D. TYPE:.....
(*Eg: Voters, Driver License, Ghana Card, Passport*)

ii. I.D. NUMBER:.....
(*Attach copy of I.D.*)

2. INSTITUTION AND PROGRAMME DETAILS

A. NAME OF INSTITUTION OF ADMISSION:.....
.....

B. PROGRAMME OF STUDY:.....
(*Attach copy of admission letter*)

C. DURATION OF PROGRAMME OF STUDY:

D. COMMENCEMENT DATE OF PROGRAMME:

E. YEAR OF COMPLETION OF PROGRAMME:

3. FINANCIAL SUPPORT REQUEST AND PREVIOUS SUPPORT RECEIVED

A. AMOUNT (GHS) OF SUPPORT APPLIED FOR:

B. DETAILS OF SUPPORT RECEIVED SO FAR

YEAR	A MOUNT (GHS) RECEIVED
.....
.....
.....
.....
.....
.....

4. PARENTS'/GUARDIAN'S DETAILS

A. NAME OF APPLICANT'S FATHER:

B. FATHER'S CURRENT ADDRESS:

.....

.....

C. FATHER'S TEL NO:.....

D. FATHER'S PROFESSION/OCCUPATION:.....

E. FATHER'S EMPLOYER/PLACE OF BUSINESS:

.....

.....

F. POSITION:

G. NAME OF APPLICANT'S MOTHER:

H. MOTHER'S CURRENT ADDRESS:

.....

.....

I. MOTHER'S TEL NO:

J. MOTHER'S PROFESSION/OCCUPATION:

K. MOTHER'S EMPLOYER/PLACE OF BUSINESS:

.....

.....

L. POSITION:

M. NAME OF APPLICANT'S GUARDIAN:

.....
N. GUARDIAN'S CURRENT ADDRESS:

.....
.....

O. GUARDIAN'S TEL NO:.....

P. GUARDIAN'S PROFESSION/OCCUPATION:.....

Q. GUARDIAN'S EMPLOYER/PLACE OF BUSINESS:

.....
.....

R. POSITION:

5. SPOUSE'S DETAILS

A. NAME OF APPLICANT'S SPOUSE:.....

B. SPOUSE'S CURRENT ADDRESS:.....

.....
.....

C. SPOUSE'S TEL NO:.....

D. SPOUSE'S PROFESSION/OCCUPATION:.....

E. SPOUSE'S EMPLOYER/PLACE OF BUSINESS:

.....
.....

F. POSITION:

6. BANK DETAILS

- A. NAME OF ACCOUNT HOLDER:
- B. BANK ACCOUNT NUMBER :
- C. NAME OF BANK:
- D. BRANCH:

**7. SIGNATURE OF APPLICANT: DATE:
(DD/MM/YYYY)**

8. GUARANTOR’S DETAILS

- A. NAME OF GUARANTOR:
(For tertiary students, guarantor must be a member of BONABOTO and in good standing and MUST have contributed to BEAF)
- B. ADDRESS OF GUARANTOR:
.....
.....
- C. CONTACT NUMBER OF GUARANTOR:
- D. GUARANTOR’S MEMBERSHIP BRANCH:
- E. SIGNATURE OF GUARANTOR: DATE:
(DD/MM/YYYY)

9. WITNESS DETAILS

- A. NAME OF WITNESS:
(Must be a BONABOTO member in good standing)
- B. ADDRESS OF WITNESS:
.....
- C. CONTACT NUMBER OF WITNESS:
- D. SIGNATURE OF WITNESS: DATE:

NOTE: TERTIARY STUDENTS SHALL REPAY ALL MONIES ADVANCED TO THEM AFTER COMPLETING THEIR COURSE OF STUDY.

RECOMMENDATION BY BRANCH CHAIRMAN:.....

.....

.....

NAME.....

SIGNATURE:.....DATE:.....(DD/MM/YYYY)

OFFICE USE ONLY

I. RECOMMENDATION BY TMC CHAIRMAN:

.....

NAME.....

SIGNATURE:.....DATE:.....(DD/MM/YYYY)

II. APPROVED/NOT APPROVED BY BOT CHAIRMAN:

.....

NAME.....

SIGNATURE:.....DATE:.....(DD/MM/YYYY)

A. CHEQUE NO:.....

B. AMOUNT RECEIVED;.....

C. CASH RECEIVED:.....

D. BANK DRAWN AGAINST:.....

E. NAME OF RECEIPIENT:.....

F. WITNESS:.....

G. DATE:.....